

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																			
1 Date of Request: <u>5/18/05</u>		2 Serial/Patent # <u>10-517,210</u>																																	
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; height: 40px;">✓/1</td></tr> </table>	✓/1	5 DATE FILED <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; height: 40px;">12/8/04</td></tr> </table>	12/8/04	6 AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; height: 40px;">\$ 100</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> </table>	\$ 100	\$	\$	\$	\$	\$	\$	\$	\$	\$
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr><td colspan="2" style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 02--4800 </div> </td></tr> </table>		<input checked="" type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 02--4800 </div>																					
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11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u> </td> <td style="width: 40%;"> TITLE: <u>Paralegal</u> PHONE: <u>308-9148</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u>	TITLE: <u>Paralegal</u> PHONE: <u>308-9148</u>																														
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